PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of ad 23869 7590 03/13/2006 HOFFMANN & BARON, LLP 6900 JERICHO TURNPIKE SYOSSET, NY 11791 4/2006 EHAILE2, 00000003 200776 10614435				13 2006 W	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Marky Faring Chops		
C:1504	100.00 DA 300.00 DA		ENT & TR.	1DEMARK OFF	Mary Far	Faire	(Signature) (Date)
APPLICATION	30.00 DA	FILING DATE		FIRST NAMED INVI	June 7,	~2006 ATTORNEY DOCKET NO.	CONFIRMATION NO.
L	10/614,435 07/07/2		Joey D. M			577-594	9493
APPLN. TYPE SMALL ENTITY nonprovisional NO EXAMINER		\$1400 ART UNIT		\$300 CLASS-SUBCLASS	TOTAL FEE(S) DUE \$1700	06/13/2006	
LARSON, LOWELL A			3725		140-123500	j	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NA	ME AND R	RESIDENCE DATA TO BE	PRINTED ON T	HE PATENT (prin	t or type)		. "
DI E 1 CE 2100							document has been filed for
	ASSIGNE	3		(B) RESIDENCE:	(CITY and STATE OR (COUNTRY)	
recordation as: (A) NAME OF		·	ational,	Inc.	Sparks, 1		
(A) NAME OF Thoma		ssignee category or categor	ies (will not be pri	nted on the patent)	: Individual 🖾 C	orporation or other private gr	roup entity Government
Thomas Please check the a 4a. The following X Issue Fee Publication	ppropriate a fee(s) are en Fee (No sma	ssignee category or categor	4b.	Payment of Fee(s) A check in the Payment by cre	e: amount of the fee(s) is eredit card. Form PTO-203	closed.	

Gordon F. Belcher 33,156 Typed or printed name _ Registration No. _ This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

June 7, 2006